| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | B A | | 04-06-01 |
| O.I.P.E. CLASSIFIER | | 49 | 5/1/01 |
| FORMALITY REVIEW | SS | TC8M | 050801 |
| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

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| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| − (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Final | Original | 2/9/04 | 7/1/04 | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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